ZASTROW CARE CENTER 500 W HICKORY ST

GILMAN 54433 Phone: (715) 447-8217 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital?

Number of Beds Set Up and Staffed (12/31/04):

Number of Residents on 12/31/04:

Ownership: Corporation Skilled Highest Level License: Operate in Conjunction with CBRF? No 50 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 50 Title 19 (Medicaid) Certified? Yes 29 Average Daily Census: 31

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %							
Home Health Care	No	Primary Diagnosis	<b>%</b>	Age Groups	%	Less Than 1 Year	17.2		
Supp. Home Care-Personal Care	No					1 - 4 Years	34.5		
Supp. Home Care-Household Services	No	Developmental Disabilities	10.3	Under 65	0.0	More Than 4 Years	48.3		
Day Services	No	Mental Illness (Org./Psy)	17.2	65 - 74	13.8				
Respite Care	No	Mental Illness (Other)	13.8	75 - 84	27.6		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.3	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.3	Full-Time Equivalent			
Congregate Meals No		Cancer 6.9 Nursing Staff per				Nursing Staff per 100 Res	r 100 Residents		
Home Delivered Meals	No	Fractures	0.0	ĺ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	31.0	65 & Over	100.0				
Transportation	No	Cerebrovascular	13.8			RNs	13.7		
Referral Service	No	Diabetes	3.4	Gender	%	LPNs	15.8		
Other Services	No	Respiratory	3.4			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	34.5	Aides, & Orderlies	53.9		
Mentally Ill	No	İ		Female	65.5	İ			
Provide Day Programming for		İ	100.0	İ		İ			
Developmentally Disabled	No	İ		İ	100.0	j			
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## Method of Reimbursement

Medica (Title		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care No. %	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of		
Int. Skilled Care	 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	307	25	96.2	121	0	0.0	0	2	100.0	130	0	0.0	0	0	0.0	0	28	96.6
Intermediate				1	3.8	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		26	100.0		0	0.0		2	100.0		0	0.0		0	0.0		29	100.0

ZASTROW CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		86.2	13.8	29
Other Nursing Homes	5.0	Dressing	20.7		69.0	10.3	29
Acute Care Hospitals	70.0	Transferring	44.8		44.8	10.3	29
Psych. HospMR/DD Facilities	0.0	Toilet Use	41.4		37.9	20.7	29
Rehabilitation Hospitals	0.0	Eating	79.3		13.8	6.9	29
Other Locations	20.0	******	******	*****	******	******	*****
Total Number of Admissions	20	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.4	Receiving Resp	iratory Care	6.9
Private Home/No Home Health	8.3	Occ/Freq. Incontiner	nt of Bladder	37.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	29.2	Occ/Freq. Incontiner	nt of Bowel	24.1	Receiving Suct	ioning	0.0
Other Nursing Homes	20.8				Receiving Osto	my Care	3.4
Acute Care Hospitals	8.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	51.7
Rehabilitation Hospitals	0.0					_	
Other Locations	4.2	Skin Care			Other Resident C	haracteristics	
Deaths	29.2	With Pressure Sores		0.0	Have Advance D	irectives	86.2
otal Number of Discharges		With Rashes		6.9	Medications		
(Including Deaths)	24				Receiving Psyc	hoactive Drugs	58.6

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	l Size:	Lic	ensure:		
	This	Proprietary		50	)-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	62.0	81.9	0.76	85.5	0.73	85.9	0.72	88.8	0.70
Current Residents from In-County	51.7	72.8	0.71	71.5	0.72	75.1	0.69	77.4	0.67
Admissions from In-County, Still Residing	5.0	18.7	0.27	20.7	0.24	20.5	0.24	19.4	0.26
Admissions/Average Daily Census	64.5	151.4	0.43	125.2	0.52	132.0	0.49	146.5	0.44
Discharges/Average Daily Census	77.4	151.2	0.51	123.1	0.63	131.4	0.59	148.0	0.52
Discharges To Private Residence/Average Daily Census	29.0	74.0	0.39	55.7	0.52	61.0	0.48	66.9	0.43
Residents Receiving Skilled Care	96.6	95.3	1.01	95.8	1.01	95.8	1.01	89.9	1.07
Residents Aged 65 and Older	100	94.3	1.06	93.1	1.07	93.2	1.07	87.9	1.14
Title 19 (Medicaid) Funded Residents	89.7	71.9	1.25	69.1	1.30	70.0	1.28	66.1	1.36
Private Pay Funded Residents	6.9	16.7	0.41	20.2	0.34	18.5	0.37	20.6	0.34
Developmentally Disabled Residents	10.3	0.6	16.56	0.5	19.05	0.6	17.95	6.0	1.71
Mentally Ill Residents	31.0	29.5	1.05	38.6	0.80	36.6	0.85	33.6	0.92
General Medical Service Residents	0.0	23.5	0.00	18.9	0.00	19.7	0.00	21.1	0.00
Impaired ADL (Mean)	38.6	46.4	0.83	46.2	0.84	47.6	0.81	49.4	0.78
Psychological Problems	58.6	54.5	1.08	59.0	0.99	57.1	1.03	57.7	1.02
Nursing Care Required (Mean)	8.6	7.4	1.17	7.0	1.24	7.3	1.18	7.4	1.16